

L09000001226 Y

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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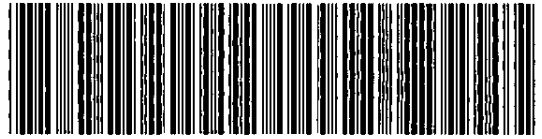
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR -4 PM 2:40

T. HAMPTON  
MAR -5 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bluewater Miles, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian Pschorr

Name of Person

Bluewater Miles, LLC

Firm/Company

1401 SE 15th St. suite 109

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

cpschorr@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Pschorr

Name of Person

at ( )

646-509-0616

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 MAR -4 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 30, 2009

CHRISTIAN PSCHORR  
1401 SW 15TH ST  
STE 109  
FT LAUDERDALE, FL 33316

SUBJECT: BLUEWATER MILES, LLC  
Ref. Number: L09000012264

We have received your document for BLUEWATER MILES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 609A00026198

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Bluewater Miles, LLC

2. (a) Principal office address of limited liability company: 1401 SE 15th St. suite 109



**(Note: MUST BE STREET ADDRESS)**

Fort Lauderdale, FL 33316

(b) Mailing address of limited liability company: 1401 SE 15th St. suite 109



**(Note: MAY BE POST OFFICE BOX)**

Fort Lauderdale, FL 33316

February 6, 2009

3. Date of filing/registration in Florida

L09000012264

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Laura Regier

Registered Office Address:

American Safety Council, Inc.  
5125 Adanson St. suite 500  
Orlando, FL 32804

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Christian Pschorr  
1401 SE 15th St. suite 109

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

Fort Lauderdale, FL 33316

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Christian Pschorr  
Signature of a member or authorized representative of a member

Christian Pschorr

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Christian Pschorr  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**